

**Michael A. Nalbone, LCSW**  
410 Farnsworth Ave, Bordentown, NJ 08505  
(609) 649-9161

**Service Agreement**

Name of Client (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

**1) Confidentiality:** All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required or may be required by law are: **where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; and where a client presents a danger to self or to others.** In these circumstances, Michael Nalbone, LCSW (MN) is required to inform appropriate authorities to insure the safety of the client and others. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by MN.

In couple and family therapy, or when different family members are seen individually, even over a period of time, confidentiality does not apply between the couple or among family members, unless otherwise agreed upon. MN will use his clinical judgment when revealing such information. MN will not release records to any outside party unless he is authorized to do so by all adult parties who were part of the family therapy, couple therapy or other treatment that involved more than one adult client.

Your signature on this page indicates that you fully understand and agree to these limitations on confidentiality as a condition of accepting counseling with Michael Nalbone, LCSW. In addition, to safeguard confidentiality, your signature indicates that you will not seek to subpoena materials disclosed in counseling sessions for the purposes of personal litigation against a spouse or other related persons.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**2). Email, Cell Phone, Texts, Computers, and Faxes:**

It is very important to be aware that computer and email communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can easily be sent erroneously to the wrong address. Emails, in particular, are vulnerable to unauthorized access due to the fact that internet servers have unlimited and direct access to all emails that go through them. It is important that you be aware that emails, faxes, and important texts are part of the medical records. Additionally, MN’s emails and texts are not encrypted. MN's computers are equipped with a firewall, a virus protection, and a password and he also backs up all confidential information from his computers on a regular basis. I understand the confidentiality risks with use of email, cell phone, texts, computers and faxes and give my consent to these forms of communication. Please notify MN if you decide at any time to avoid or limit in any way the use of any or all communication devices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**3) Telephone and Emergency Procedures:**

If you need to contact MN between sessions, please call (609) 649-9161. If MN is not available at the time of your call, your call will be returned as soon as possible. MN receives message regularly. If an emergency situation arises and you need to talk to someone right away call Psychiatric Emergency Services for Mercer County at (609) 396-HELP (4357), or The Screening and Crisis Intervention Program for Burlington County: (609) 261-8000, or the Police: 911. Please do not use email or faxes for emergencies. MN does not always check his email or faxes daily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**4) Appointment Agreement**

I agree to notify MN at least 24 hours (or one working day) in advance if necessary for me to cancel a psychotherapy appointment. If I miss an appointment without appropriate notification (24 hours or one working day), unless we reach a different agreement, the full fee of \_\_\_\_\_ will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**5) Fee Agreement**—applies if not using insurance

Initial assessment appointment for psychotherapy \$160

Psychotherapy session \$130

Comprehensive psychological reports for court, lawyers, DYFS etc. will be billed at a charge of \$100 per hour.

- I agree to pay my fee or co-pay prior to each session.
- I understand that failure to pay for a session may result in discontinued service until the balance is paid in full.

Please circle appropriately:

Insurance Co-Pay? Yes No Co-pay Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**6) Insurance Agreement**

- I agree to provide MN with all insurance information and complete my part of the insurance claim form. I understand that failure to do so will make me responsible for the full fee.
- I understand that if my insurance reimbursements exceed counseling session charges, I will receive a refund or credit toward future counseling sessions.
- If my insurance company deliberately or erroneously mails a reimbursement check to me, I agree to endorse this check to Michael Nalbone, LCSW and submit a copy of the insurance company’s explanation of benefits immediately.
- I will report any changes in insurance coverage to Michael Nalbone, LCSW.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**7) Client Rights and Responsibilities and Notice of Privacy Practices**

My signature will acknowledge that I have received a copy of Michael Nalbone, LCSW’s “Clients Rights and Responsibilities and “Notice of Privacy Practices”.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I have discussed the client rights and responsibilities and notice of privacy practices with the above named clients.

\_\_\_\_\_  
Michael A. Nalbone, LCSW

\_\_\_\_\_  
Date